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Certified Copies	Certificates	s of Status
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Special Instructions to I	Filing Officer:	

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SECRETARY OF STATE
TAIL ANASSEE FLORIDA

# COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: HEATH	HENTERPRISE	E, LLC	
		ted Liability Company	
The enclosed Articles of (	Organization and fee(s) are	submitted for filing.	
Please return all correspon	ndence concerning this mat	ter to the following:	
DOUGLAS	S A. HEATH	Name of Person	
HEATH EI	NTERPRISE, LI		
905 E. ED	NEY AVE	Firm/Company	
<del>-</del>		Address	
CRESTVIEV	V, FL 32539	(C)	
HEATHENTE	ERPRISE@GMAIL.	ty/State and Zip Code	
1727 (71121412		for future annual report notification)	
For further information co	oncerning this matter, pleas	e call:	
DOUGLAS A. HE	ATH	at (850 ) 398-1942	2
Name of	Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for	the following amount:	· .	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns · Circle



October 5, 2011

DOUGLAS A. HEATH 905 E. EDNEY AVENUE CRESTVIEW, FL 32539

SUBJECT: HEATH ENTERPRISE, LLC

Ref. Number: W11000051350

We have received your document for HEATH ENTERPRISE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 311A00022913

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# HEATH ENTERPRISE OF AMERICA, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:			
905 E. Edney Ave	905 E. Edney Ave.			
Crestview, FL	Crestview, FL	<del></del> -		
32539	32539			
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address of	n Registered Agent. You must designate an individu			
		⊊≘	9	
Douglas A. Hea	<u>tn</u>	₹.	$\square$	I
	Name	SS	26	
905 E. Edne	ey Ave		≥	ED
Florida str	reet address (P.O. Box NOT acceptable)		품	
Crestview	<sub>FL</sub> 32539	REAL PROPERTY OF THE PROPERTY	ਜ ਵ	
	City, State, and Zip		_	
		**	•	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
Douglas A. Heath, MGR	905 E. Edney Ave
	Crestview, FL
	32539
Stacy Armstrong, MGRM	219 Westview Dr.
	Crestview, FL
	32539
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Effective date, if other than th	e date of filing: (OPTIONAL
effective date is listed, the date must l 0 days after the date of filing.)	be specific and cannot be more than five business days
o days after the date of thing.)	To the
	ECC
DECLUDED CLOSLABORES	
<u>REQUIRED</u> SIGNATURE:	
REQUIRED SIGNATURE:	NHASS
REQUIRED SIGNATURE:	Thassee,
Signature of a member of a mem	du 4 Cleuth ma

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee